

FILED SEP 10 1946

State File No. 27957

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 352

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Darlene June Merk
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased June 19-1931
(Month) (Day) (Year)

8. AGE: 18 Years 2 Months 4 Days If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Sw High School

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Merk
13. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Betty Miller
15. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Merk

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 8-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Smithton Mo Cem

18. (a) Signature of funeral director H. F. McConney

(b) Address Smithton Mo

19. (a) 8-29-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Smithton 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1946 hour 4 minute 23 M.

21. I hereby certify that I attended the deceased from Aug 19 to Aug 23, 1946
(that I last saw him or her alive on Aug 22 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (non epidemic)
Abscess on forehead
Bug bite

Other conditions g12
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? EE Station (Specify type of place) Means of injury _____

23. Signature EE Station (M. D. or other) gpm
Address Smithton Mo Date signed 8-29-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

251

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 2-7-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. F. Henniger

Licensed Embalmer No.

3912

P. O. Address

Smithton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.